

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814  
(916) 445-7046



August 10, 1982

ALL-COUNTY LETTER NO. 82-79

TO: ALL COUNTY WELFARE DIRECTORS

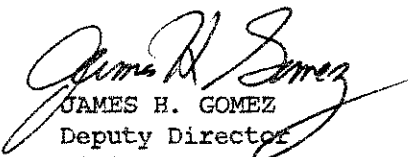
SUBJECT: IN-HOME SUPPORTIVE SERVICES - STATE COMPENSATION INSURANCE FUND

REFERENCE: ALL-COUNTY INFORMATION NOTICE I-72-82

This letter supersedes All-County Letter No. 79-21. With the change in insurance carriers from Argonaut to the State Compensation Insurance Fund (SCIF), counties are now responsible for insuring the completion of the SCIF 67 IHSS form (copy attached) and forwarding it to the appropriate State Compensation Insurance Fund District Office. SCIF will process all claims and determine claim benefits.

This letter also informs you of the State Compensation Insurance Fund's district office addresses and phone numbers and which office the counties are assigned to work with. A list of the county assignments is attached. The IHSS Systems Management Unit will be forwarding a supply of the new SCIF forms to the contact person designated by your county.

If you have any questions regarding the State Compensation Insurance Fund, please contact your IHSS Systems Management Consultant at (916) 323-0270 or ATSS (8) 473-0270.

  
JAMES H. GOMEZ  
Deputy Director  
Administration

cc: CWDA

Attachments

State of California  
EMPLOYER'S REPORT  
OF OCCUPATIONAL  
INJURY OR ILLNESS

complete in triplicate. Retain one copy  
your files and mail the remaining two copies to  
**STATE COMPENSATION INSURANCE FUND  
ADJUSTING AGENCY**

OSHA Case or File No.

California law requires an employer to report within five days every industrial injury or occupational disease which: (a) Results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid.

PLEASE NOTE: In addition, if death results or if the injury or illness: (a) Requires inpatient hospitalization of more than 24 hours for other than medical observation, or (b) results in loss of any member of the body; or (c) produces any serious degree of permanent disfigurement, then the nearest district office of the California Division of Industrial Safety also must be notified immediately by telephone or telegraph. This notification is not required, however, if the injury or death results from an accident on a public street or highway.

EMPLOYER	1. Recipient's Name		1A. <b>CONTØU</b>		PLEASE DO NOT USE THIS COLUMN Case No.
	2. Mailing Address (Please include city, zip)		2A. Phone Number		
	3. Location, if different from mail address				Employer No.
	4. Recipient of In Home Care		5. State Unemployment Insurance Acct. Number		Industry
EMPLOYEE	6. Name		7. Social Security Number		Sex
	8. Home Address (number and street, city, zip)		8A. Phone Number		Age
	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Occupation (Regular job title, not specific activity at time of injury)		11. Date of Birth ____/____/____ Month Day Year	Occupation
	12. Wages \$ _____ per week	12A. Is Employee paid on commission or piece work basis, or paid board or lodging allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No		12B. Date of Hire IHSS ____/____/____ Month Day Year	
13. Other Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Employer and Address:		Hours Worked _____ Hourly Wages \$ _____	Weekly Wage
14. Where did accident or exposure occur? (address, city and county)		15. On Employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		County	
What was Employee doing when injured? (Please be specific. Identify tools, equipment or material the employee was using).					Accident Type
INJURY OR ILLNESS	17. How did the accident or exposure occur? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.)				Agency
					Agency Part
	18. Object or substance that directly injured Employee (e.g., the machine employee struck against or which struck him; the vapor or poison inhaled or swallowed; the chemical that irritated his skin; in cases of strains, the thing he was lifting, pulling, etc.)				Supplemental Agency
					Nature of Injury
19. Nature of Injury or Illness and Part of Body affected					Part of Body
20. Name and Address of Physician		21. If Hospitalized, Name and Address of Hospital			Injury Date
22. Date of Injury or Illness ____/____/____ Month Day Year	23. Time of Day ____ a.m. ____ p.m.	24. Was Employee unable to work on any day after injury? <input type="checkbox"/> Yes, date last worked _____ <input type="checkbox"/> No			Extent of Injury
25. Has Employee returned to work? <input type="checkbox"/> Yes, date returned _____ <input type="checkbox"/> No		26. Did Employee die? <input type="checkbox"/> Yes, date _____ <input type="checkbox"/> No			Insurance Carrier
27. IS THE EMPLOYEE A RELATIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship _____					Report Lag
28. Was Injury caused by anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No How? _____ Name _____ Address _____					
29. On reverse side list names and addresses of witnesses.		30. Date Employer was notified of injury ____/____/____ Month Day Year		31. When will injured return to work?	
Location Code	Signature	Title	Date	Coded By	
Address					Phone No. Ext.

# STATE COMPENSATION INSURANCE FUND OFFICES

## County Location Codes and Assignments

San Francisco  
P.O. Box 807  
San Francisco, CA 94101  
(415) 565-1327

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Stockton  
P.O. Box 8000  
Stockton, CA 95208  
(209) 951-8000

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Culver City  
P.O. Box 2518  
Culver City, CA 90203  
(213) 670-3623

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01 Alameda  
07 Contra Costa  
08 Del Norte  
12 Humboldt  
17 Lake  
21 Marin  
23 Mendocino  
27 Monterey  
28 Napa  
35 San Benito  
38 San Francisco  
41 San Mateo  
43 Santa Clara  
44 Santa Cruz  
49 Sonoma

02 Alpine  
03 Amador  
04 Butte  
05 Calaveras  
06 Colusa  
09 El Dorado  
10 Fresno  
11 Glenn  
14 Inyo  
15 Kern  
16 Kings  
18 Lassen  
20 Madera  
22 Mariposa  
24 Merced  
25 Modoc  
26 Mono  
29 Nevada  
31 Placer  
32 Plumas  
34 Sacramento  
39 San Joaquin  
45 Shasta  
46 Sierra  
47 Siskiyou  
48 Solano  
50 Stanislaus  
51 Sutter  
52 Tehama  
53 Trinity  
54 Tulare  
55 Tuolumne  
57 Yolo  
58 Yuba

13 Imperial  
19 Los Angeles  
30 Orange  
33 Riverside  
36 San Bernardino  
37 San Diego  
40 San Luis Obispo  
42 Santa Barbara  
56 Ventura